UNODC
United Nations Office on Drugs and Crime

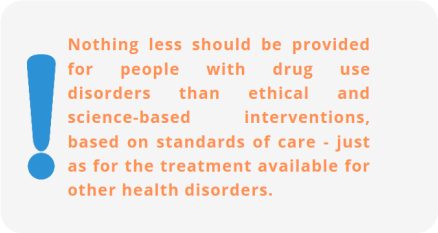
PTRS
PREVENTION TREATMENT REHABILITATION SECTION

Quality Assurance for Drug Use Disorder Treatment

Overview and Background

Over 284 million people worldwide have used drugs in the year 2020, while approximately 38.6 million are suffering from drug use disorders (DUDs). The availability and accessibility of treatment services remains low at global level with approximately only one in eight people with drug dependence having access to treatment services for drug use disorders at global level.

Drug use disorders are serious health conditions that present a significant burden for affected individuals, their families, and communities. Untreated drug use disorders trigger substantial costs to society including lost productivity, increased health care expenditures, costs related to criminal justice and to social welfare, and other social consequences. The social cost of illicit drug use is estimated at 1.7% of the gross domestic product in some countries (UNODC, 2016). Providing effective treatment and care services for drug use disorders as part of an integrated and well-coordinated treatment system is therefore an investment in the health of people with drug use disorders. It is also an investment in the healthy and safe development of families, communities, and countries.


Nothing less should be provided for people with drug use disorders than ethical and science-based interventions, based on standards of care - just as for the treatment available for other health disorders.

Many treatment interventions that are commonly used in managing drug use disorders do not follow scientific evidence. Such interventions may be ineffective or even harmful, therefore, it is crucial not only to close the treatment gap, but also to improve the quality of treatment provided to people with drug use disorders.

In response to a request from the *2009 Political Declaration and Plan of Action on International Cooperation towards an Integrated and Balanced Strategy to Counter the World Drug Problem*, UNODC together with the World Health Organization (WHO), published the International Standards for the Treatment of Drug Use Disorders (henceforth referred to as "*the Standards"*) in 2020, following a process of field-testing. *The Standards* aim to support Member States in their efforts to develop and expand effective, evidence-based and ethical treatment systems and services for drug use disorders, and thus progressively improve the quality of care provided to people living with drug use disorders.

The Standards were recognized in resolution 59/4 of the Commission on Narcotic Drugs (CND) on the "Development and dissemination of international standards for the treatment of drug use disorders" and the 2016 United Nations General Assembly Special Session on Drugs (UNGASS) Outcome Document, which called for the dissemination of *the Standards* and supports a systematic adoption of national standards for the accreditation of treatment

services. CND resolution 64/3 on “Promoting scientific evidence-based, quality, affordable and comprehensive drug prevention, treatment, sustained recovery and related support services” reaffirmed the importance of promoting appropriate mechanisms for ensuring compliance, quality assurance or accreditation of drug treatment services.

The recognition and wide implementation of *the Standards* contributes to Sustainable Development Goal 3, Target 3.5 on Strengthening prevention and treatment of substance use, including narcotic drug abuse and harmful use of alcohol” as well as universal health coverage for people with drug use disorders.

3 GOOD HEALTH AND WELL-BEING
5. Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

Quality Drug Use Disorder Treatment Systems and Services

Treatment of drug use disorders should show evidence of symptom reduction, measurably contribute to improvements in physical, psychological and social functioning, and reduce the risk of negative health and social consequences of drug use.

Evidence-based drug use disorder treatment is an effective health care intervention. It supports people with drug use disorders in reducing or stopping drug use, as well as reducing the negative health and social consequences of drug use.

According to different estimates, every dollar invested in addiction treatment programs yields a return of between $USD 4 and $USD 7 in reduced drug-related crime, criminal justice costs, and theft. When savings related to healthcare are included, total savings can exceed costs by a ratio of 12 to 1.

The Standards provide guidance for the development and improvement of drug use disorder treatment systems and services in line with available scientific evidence. An effective national system for the treatment of drug use disorders requires a coordinated and integrated response by many actors. The aim is to deliver services and interventions in multiple settings and respond to the needs of people who use drugs and with drug use disorders at different stages of severity of drug disorders in a biopsychosocial perspective.

Availability, accessibility, affordability, diversity and quality of drug use disorder treatment services need to be ensured by a well-developed drug use disorder treatment system. Treatment systems should be organized in a perspective of universal health coverage and line with the key public health principle of prioritizing the most effective and least invasive intervention with the lowest cost to patients and the system. According to *the Standards*, effective treatment for drug use disorders requires a stepwise, integrated approach. People with drug use disorders require a continuity of care between all treatment settings and modalities to improve their health and wellbeing.

As outlined in Figure 1 below, in a well-organized treatment system, most treatment interventions can be offered at lower levels of the drug treatment system pyramid. Access to voluntary and effective services in community or non-specialized settings (such as screening and brief interventions) can prevent people from developing more severe drug use disorders and can be delivered by non-specialist trained staff at a lower cost. Similarly, most people with drug use disorders may be effectively treated in specialized out-patient settings rather than the more intensive and costlier in-patient or long-term residential settings, along the continuum of care.

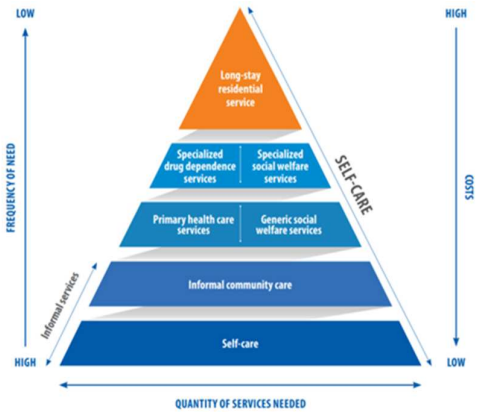


Figure 1. Service organization pyramid for substance use disorder treatment and care (UNODC, 2014) based on the WHO Pyramid of Mental Health Services (WHO, 2003)

Effective management of the service, individualized, patient-centred treatment and care, timely access to evidence-based interventions, promotion of patient health, safety, and human rights, are key components of service quality, of importance not only for people with drug use disorders, but also their families and communities. Table 1 below outlines the key groups of settings for providing treatment interventions and details on specific treatment modalities and interventions that can be delivered in all the settings, in line with *the Standards.*

System level	Possible interventions
Informal community care	• Outreach interventions • Self-help groups and recovery management • Informal support through friends and family
Primary health care services	• Screening, brief interventions, referral to specialist drug use disorder treatment • Continued support to people in treatment/contact with specialized drug treatment services • Basic health services including first aid, wound management
Generic social welfare	• Housing/shelter • Food • Unconditional social support • Referral to specialized drug treatment services, and other health and social services as needed
Specialized treatment services (outpatient and inpatient)	• Assessment • Treatment planning • Case management • Detoxification/withdrawal management • Psychosocial interventions • Medication-assisted treatment • Relapse prevention • Recovery management
Other specialized health care services	• Interventions by specialists in mental health services (including psychiatric and psychological services) • Interventions by specialists in internal medicine, surgery, paediatrics, obstetrics, gynaecology and other specialized health care services • Dental care • Treatment of infectious diseases (including HIV, Hepatitis C and tuberculosis)
Specialized social welfare services for people with drug use disorders	• Family support and reintegration • Vocational training/education programmes • Income generation/micro-credits • Leisure time planning • Recovery management services
Long-term residential services for people with drug use disorders	• Residential programme to address severe or complex drug use disorders and comorbid conditions • Housing • Vocational training • Protected environment • Life skills training • Ongoing therapeutic support • Referral to outpatient/recovery management services

Table 1. Settings for providing treatment interventions and selected treatment interventions in line with the Standards

An overall goal of Quality Assurance in drug use disorder treatment service and systems is to embed a culture of continuous improvement over time in order to ensure a sustainable and ethical healthcare delivery. UNODC aims to support Member States in assessing and reviewing national treatment systems and services in a participatory approach and in line with *the Standards*. Technical tools have been developed that – in combination with technical assistance by UNODC – aim at supporting UN Member States in their efforts to institutionalize Quality Assurance mechanisms for drug use disorder treatment.

To ensure continuous improvement in treatment services and ultimately improving the health and well-being it is important for changes to be monitored and re-audited, in line with the Quality Assurance Continuous Improvements Cycle – see Figure 2 below.

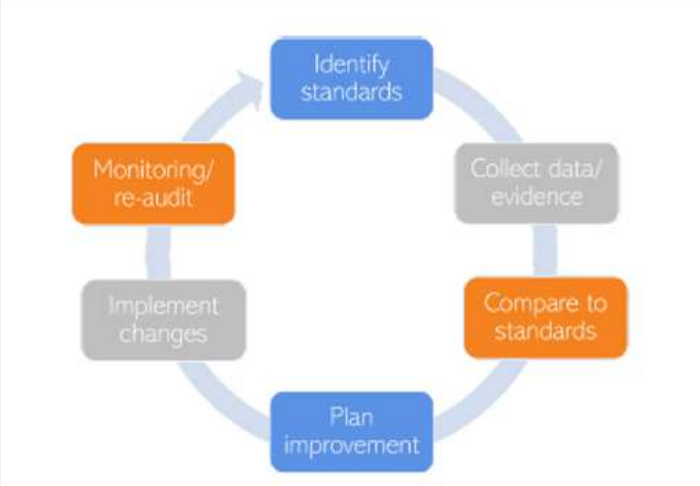


Figure 2. Quality Assurance and Continuous Improvement cycle

Development Process of the Quality Assurance Toolkit (2016-2021)

To develop a toolkit on Quality Assurance, UNODC, in partnership with WHO, convened several international technical consultations during 2016 to 2020 with experts from different regions of the world. The experts reviewed and compared existing sets of standards and quality assurance tools and analysed sets of quality assurance elements that were selected by countries during UNODC pilot quality assurance projects. Through this process, a set of Quality Assurance tools were developed: one focused on the service level, the second for drug use disorder treatment systems, and a third focusing mainly on medication assisted treatment. These QA tools are still being further finetuned through peer review, adaptation, piloting and evaluation of training workshops held in countries across the world.

To coordinate and align quality assurance efforts and initiatives across different organizations, international experts and representatives from international and regional entities worked together between 2018 and 2021 to agree on an additional tool "*Key Quality Standards for Service appraisal"* that were (a) drawn from existing sets of regional and international standards and (b)were thought to be of key importance to assure the quality of drug use disorder treatment services. In October 2021, the document "Quality assurance in treatment for drug use disorders: Key Quality Standards for service appraisal (pre-publication version)" was officially launched.

The Quality Assurance Toolkit

The UNODC Quality Assurance Toolkit consists of four tools overall and supports the review of national drug use disorder treatment and care systems, services and medication assisted treatment service delivery in line with *the Standards*. Two of the tools cover drug use disorder treatment service quality appraisal and assurance, one of them addresses systems quality appraisal assurance and the fourth looks into medication assisted treatment. Figure 3 below provides an overview of the toolkit in its current form and the target audience. The aim of the quality assurance toolkit is to support the implementation of *the Standards* through the development of a culture of continuous quality assessment and improvement over time to ensure a sustainable and ethical healthcare delivery.

Figure 3. Overview of the Quality Assurance Toolkits

Service Quality
System Quality
Medication Assisted Treatment Quality
QA SERVICES-XL
QA SERVICE-S
QA-SYSTEMS
QAMAT
QUALITY ASSURANCE SERVICE TOOLKIT
KEY QUALITY STANDARDS FOR SERVICE APPRAISAL
QUALITY ASSURANCE SYSTEMS TOOLKIT
QUALITY ASSURANCE MEDICATION ASSISTED TREATMENT
Objectives
This tool aims to help national drug use disorder treatment services to compare their current approach to the delivery of treatment and care with the International Standards for the Treatment of Drug Use Disorders.
The goal of these consensus service standards and compact version of the Services Toolkit is to improve quality of care, and ultimately the life of people with drug use disorders, through the implementation and improvement of quality assurance processes at provincial and local health service level.
This toolkit aims to help stakeholders to reflect on their systems, identify gaps and areas that could improve quality and make plans to enable improvement and further development of the system.
This Toolkit outlines quality standards and a quality assurance mechanism for opioid medication assisted treatment (MAT).
Context of application
This toolkit has been designed for those offering drug use disorder treatment services on a provincial government and local health care services level.
The target audience includes those involved in the planning, funding, monitoring, and evaluating of services, as well as service-providers of drug use disorder treatment services.
The System QA toolkit has been designed for those responsible for the policy-making, planning, financing, coordination and delivery of drug use disorder treatment systems.
The target audiences for this Toolkit are professionals in treatment services that are implementing or would like to apply Opioid medication assisted treatment (MAT).
Monitoring Evaluation of Quality Assurance
Patient level data collection

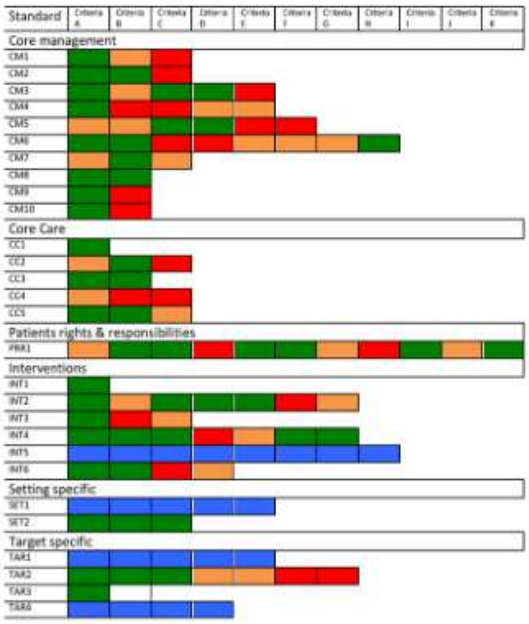
Examples of Applying Quality Assurance Systems and Service Toolkit

As a preparatory step for the planning, monitoring, and ultimately enhancing the quality of treatment systems and services, UNODC supports UN Member States in mapping and assessing the resources available nationally for the provision of services for people with drug use disorders with the WHO-*UNODC Substance Use Disorder Treatment Facility Survey* (draft for field testing). In many settings it will be meaningful that the facility survey, that is collecting data from drug use disorder treatment services, is carried out as first step as part of a Quality Assurance project.

In line with the UNODC Quality Assurance toolkit (QA services-XL, QA services-S), service appraisal in line with *the Standards*, allows identifying strengths and weaknesses of a number of drug use disorder treatment services and to triangulate information. There are different ways of describing whether a service standard has been met or not met, which is described as 'scoring' by applying the "BRAG" (Blue, Red, Amber, Green) method. The score blue means *not applicable*, the score green means the standard is *met* and no improvement needed, the score yellow means the standard is *partially met* and some improvement needed, and the score red means the standard is *not met* and a lot of improvement is needed. The description of scoring thresholds will be the choice of the stakeholders responsible for the quality assurance process in the country. As part of a participatory assessment process, this method allows for a better understanding of current service quality, with the aim of ultimately improving the quality of drug dependence treatment and services for those in need.

Figure 4 below illustrates an example of a scorecard, rating drug use disorder treatment services and systems against *the Standards*. The advantage of such a scorecard is that it allows for a simple graphic, showing the status quo of national drug use disorder systems and services. It creates a baseline, and by planning and implementing improvements over time, and conducting re-assessments in line with *the Standards*.

Figure 4. Example of a scorecard from rating a drug use disorder treatment service using the "BRAG" scoring method



With regard to applying the Quality Assurance Toolkit on a systems level (QA-Systems), the toolkit suggests an eight-step process, which aims to support stakeholders in reflecting on their current drug use disorder treatment systems against *the Standards* and public health principles, to discuss and agree on action and to ultimately plan and implement needed Improvements.

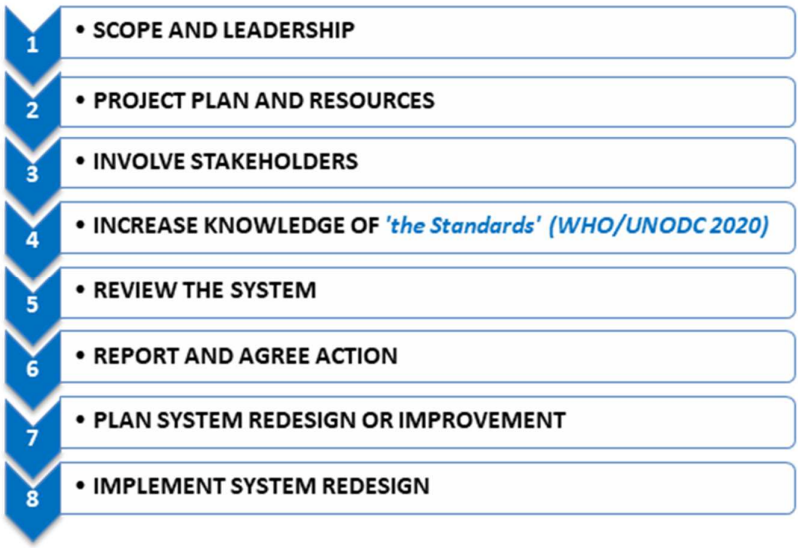


Figure 5. 8-step process of reviewing a drug use disorder treatment system

Figure 6 below is an example of the results that were generated in a Quality Assurance systems level assessment, comparing the resource allocation and availability of services in a treatment system in a country in comparison with the ideal treatment systems pyramid. In reality, often an acute care model is being applied than a continuing care model required for people with chronic and relapsing conditions such as drug use disorders. Also still many places provide nearly only highly-costly residential and in-patient services and while access to outreach, out-patient and recovery management services is limited, also the accessibility of services overall remains a challenge in such a system.

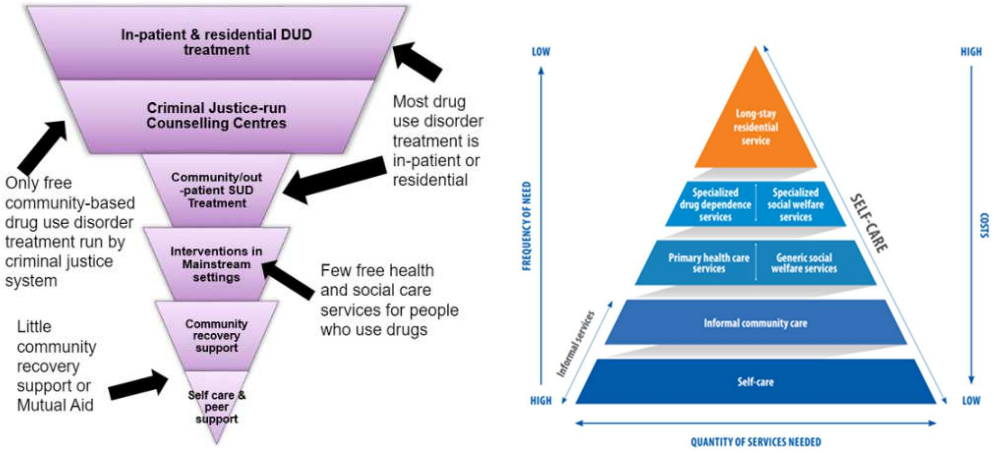

In-patient & residential DUD treatment
Criminal Justice-run Counselling Centres
Community/out -patient SUD Treatment
Interventions in Mainstream settings
Community recovery support
Self care & peer support
Most drug use disorder treatment is in-patient or residential
Only free community-based drug use disorder treatment run by criminal justice system
Few free health and social care services for people who use drugs
Little community recovery support or Mutual Aid
LOW
HIGH
FREQUENCY OF NEED
Informal services
HIGH
LOW
COSTS
SELF-CARE
Long-stay residential service
Specialized drug dependence services
Specialized social welfare services
Primary health care services
Generic social welfare services
Informal community care
Self-care
QUANTITY OF SERVICES NEEDED

Figure 6. Inverted service organization pyramid as a finding from a Quality Assurance systems level project

Those responsible for developing or reviewing local comprehensive treatment systems for drug use disorders, are therefore advised to collect information from various sources in relation to each of the quality assurance criteria and then appraise drug use disorder treatment services or system is in line with *the Standards* and relevant national standards.

In order to complement and monitor Quality Assurance processes, it is important to look at additional measures such as patient level outcome data. Patient level data collection and record systems should be in line with international indicators, while respecting patient confidentiality. Such an integrated system can ensure quality drug treatment interventions through regular monitoring, referrals, mentoring, registration, and accreditation of drug use disorder treatment services.

Quality Assurance pilots at national and regional level

UNODC conducted several Quality Assurance pilots both at country and regional level. At country level, UNODC undertook three pilots of the Quality Assurance Service Tool in Afghanistan, Nigeria, and Senegal. As a consequence of the findings from these pilots, data collection tools and treatment protocols were developed in response to identified needs or national guidelines for substance use disorders were developed jointly with relevant stakeholders. Regional pilots of the Quality Assurance Service Tool were conducted in Central Asia as well as in Latin America and the Caribbean, where countries developed national roadmaps to improve the capacity of drug use disorder treatment services and developed a diagnostic tool for the assessment quality assurance mechanisms at national level. Pakistan was the first country to conduct a pilot of the UNODC Quality Assurance Systems Toolkit and in follow-up reached out to UNODC to jointly work on the development of national standards for treatment of drug use disorders and associated service appraisal tools.

National piloting of Quality Assurance Service Tool Kit in Afghanistan (2017-2020), Nigeria (2018-2020), and in Senegal (2022)
Regional piloting of Quality Assurance Service Tool Kits in Central Asia (2018-2020) and Latin America and the Caribbean (QALAT)
National piloting of Quality Assurance Systems Tool Kit in Pakistan (2021)

Figure 7. Overview of UNODC Quality Assurance pilots at national and regional level

Conclusion and Ways to initiate Quality Assurance for Drug Use Disorder Treatment

Quality Assurance for treatment of drug use disorders serves the purpose of supporting UN Member States, policymakers, treatment service providers and other relevant stakeholders in reviewing the quality of drug dependence treatment services and systems, against suggested benchmarks in line with *the Standards*. A participatory approach and the inclusion of people with lived experience is recommended. Quality Assurance as described here contributes towards ensuring effective treatment service delivery and treatment system organization and ultimately contributes to improved health outcomes for people with drug use disorders. The Quality Assurance tools developed by UNODC in collaboration with other relevant partners such as WHO have shown to be flexible, culturally adaptable, and easily applicable, even when rolled out completely virtually.

Through the piloting exercises conducted so far, it has been possible to identify strengths and challenges of drug use disorder treatment services in different parts of the world, which has helped service providers and national health authorities to outline measures and/or plans for the improvement of the quality of care provided for people with drug use disorders.
The Quality Assurance Toolkit is one line of the dissemination of *the Standards and* is part of a broader process of ensuring access to ethical, evidence-based, and human-rights-based treatment services for those in need. It aims at ensuring accessible, evidence-based, diversified, affordable services for patients and their families in line with human rights and principles of universal health coverage and to promote well-being for all.

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Contact us

UNODC, in line with its mandates, aims to continue supporting member States in their efforts to develop quality drug use disorder treatment and care for all people in need, ensuring that no one is left behind.

UNODC provides technical assistance to Member States, including on quality assurance for drug use disorder treatment. For further information, please contact us.

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